



Florida Department of Agriculture and Consumer Services
Division of Food Safety

REQUEST FOR INITIAL INSPECTION AND ANNUAL FOOD PERMIT APPLICATION

Bureau of Food and Meat Inspection
Attention: Records Section
3125 Conner Boulevard C-26
Tallahassee, FL 32399-1650
Phone: (850)245-5520 FAX: (850)245-5553
Email: FoodInsp@FreshFromFlorida.com

ADAM H. PUTNAM
COMMISSIONER

Chapter 500, Florida Statutes

The Florida Department of Agriculture and Consumer Services is the exclusive regulatory and permitting authority for any person, business or corporation engaged in manufacturing, processing, packing, holding or preparing food or selling food at wholesale or retail. For purposes of this application, food is considered to include, but is not limited to, all prepackaged grocery items, prepared foods, packaged ice, bottled or vended water, candy and other snack foods, soda, infant formula, vitamin and mineral dietary supplements.

INFORMATION ABOUT THE LOCATION TO BE PERMITTED

Business Sales ( ) Sells Directly to Consumer ( ) Sells to Other Businesses ( ) Both Plan Review ( ) Yes ( ) No
Water Source ( ) Municipal ( ) Well ( ) Both Wastewater Type ( ) Municipal ( ) Septic
Do You Package/Sell Ice For Sale? ( ) Yes ( ) No Do You Bottle Water? ( ) Yes ( ) No

Business Name County
Foods Sold/Manufactured
Location Address
City/State/Zip
Phone Number Alternate Phone Number
Directions

INFORMATION ABOUT THE OWNER

Name of Owner
Business Type ( ) Individual ( ) Co-Owners ( ) Partnership (LP, LLP, GP, etc) ( ) Corporation (Inc., Corp., LLC) ( ) Non-Profit
Owner Phone Number Alternate Phone Number
Mailing Address
City/State/Zip Email
Federal Employers ID (FEIN) Sales Tax Number

Please provide all of the information requested above and submit via email, fax or mail. You will be contacted to schedule an inspection which is required prior to issuance of an Annual Food Permit.

Contact Name and Phone Number for opening inspection
Estimated Opening Date

DO NOT SUBMIT MORE THAN TWO WEEKS PRIOR TO OPENING.

This application must be signed by the applicant, owner or chief executive of the applicant, without the need for witnesses. If a corporation is in the hands of a receiver or trustee, this application shall be executed on behalf of the corporation by the receiver or trustee. I certify that I am empowered to execute this application as required by Chapter 500, Florida Statutes.

Print/Type Name of Applicant Title
Signature Date

FOR INSPECTOR USE ONLY

Food Entity Number Food Entity Type Territory Date
( ) New Business ( ) Corrected Information ( ) Other